

P 960000 27402

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

90000175455924
-03/22/96--01075--001
*****78.75 *****78.75

SUBJECT: American Association of Medical Professionals Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Moshe M. Levene
Name (printed or typed)

708 S.W. 81 Ave. Suite 5A
Address

N.Lauderdale, Fl. 33068
City, State & Zip

(954) 724-5676
Daytime Telephone number

FILED
95 MAR 22 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

BE
3/28

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

American Association of Medical Professionals Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

708 S.W. 81 Ave. suite 5A

N. LAUDERDALE, FL. 33068

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300 common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David A. Lefkowitz
22752 Bermuda Way
Boca raton, Fl. 33428

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David A. Lefkowitz
22752 Bermuda Way
Boca Raton, Fl. 33428

Moshe M. Levene
708 S.W. 81 Ave. #5
N.Lauderdale, Fl. 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19 day of March, 1996.

David A. Lefkowitz
Signature

Moshe M. Levene
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: American Association of Medical Professionals Inc.

2. The name and address of the registered agent and office is:

David A. Lefkowitz

(NAME)

22752 Bermuda Way

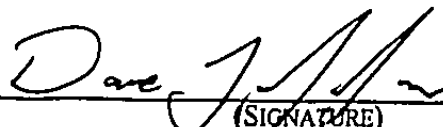
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, Fl. 33428

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

03 19 96

(DATE)